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NOMENCLATURE

OF
CAUSES OF DEATH

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RHODE ISLAND. REGISTRAR OF
" VITAL STATISTICS

NOMENCLATURE OF DISEASES,

OR

CAUSES OF DEATH,

ARRANGED TO PROMOTE UNIFORMITY AND CORRECTNESS OF

PHYSICIANS' CERTIFICATES

OF DEATHS IN RHODE ISLAND.

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CIRCULAR NO. 25.

OFFICE OF STATE REGISTRAR OF VITAL STATISTICS, July, 1884.

TO MEMBERS OF THE MEDICAL PROFESSION IN RHODE ISLAND.

Every member of the medical profession, and all intelligent citizens, recognize the absolute necessity of complete records of death. The average citizen, however, regards their importance chiefly as a means of identifying the person of the decedent, in tracing lines of genealogy and establishing legal consanguinity in the division of intestate estates, and of inheritance in the descent of entailed estates, annuities, rents, pensions, etc., and the bestowment of special charities. But the physician, the sanitarian, the special pathologist and the vital statistician recognize an additional and not less important value, when the records make *complete statement* of the **causes of death**, in connection with the age, season, sex, occupation and other facts of circumstance personal to the decedent.

It is **largely by study of the causes of death**, in connection with the various circumstances and conditions antecedent thereto, **that the laws of health and life** are possible of ascertainment.

It will be perceived, then, that in so far as the laws of life and health are thus ascertained and established, so far are whole communities benefited, and, therefore, that every citizen should be earnestly interested in the correct and complete return or report of every death, **with the cause, as well as all the other facts** connected therewith.

Nevertheless, whatever interest every citizen **should always have** in promoting correct returns of death, the responsibility now largely devolves upon the members of the medical profession. It is for them

to set the good example of earnest interest and endeavor, and thus give character and importance to the work, and thereby insure a better recognition of the value of correct vital statistics by the people.

By observation and comparison of the phenomena of diseases, medical experts have been enabled during many years to discover certain relationships existing among some of them, certain common modes of inception, development and propagation, certain common pathological conditions and characteristics.

For the purpose of facilitating more accurate study, these resemblances have led to the arrangement of diseases into families or groups, as are the objects of nature in treatises on natural history, that is, by classification.

Various modifications of classification have from time to time been proposed and adopted, as advanced knowledge of pathological processes and resulting morbid structural conditions seemed to demand.

For the last thirty years or so the classification in most general use has not been very materially changed, some differences in the tabulation and naming of sub-groups and orders prevailing in different localities.

It must be obvious to every observing physician, that a positively perfect classification cannot, in the nature of physiological and pathological facts, at least as now known, be accomplished.

There are some diseases that seem to belong as much to one class as to another. This remark, however, applies to a very limited number only, and the classification herewith presented is sufficiently comprehensive, and also sufficiently flexible for all needful purposes.

Names of Causes of Death.

It should be stated that the nomenclature of diseases in the nosological arrangement on the following pages is not intended to include the names of the whole list of morbid phenomena affecting the human organism, but the names of such only as are directly the **cause of death**, or such as ordinarily predispose to, or set in motion the morbid processes that end in death.

The classification of the causes of death will be found differing in some respects from that presented in the last Rhode Island Report upon the Registration of Vital Statistics, inasmuch as the State Registrar has found occasion since to give considerable careful study to results of late pathological research, and, therefore, in so far as conclusions therefrom have seemed to warrant, a change has been made in accordance therewith.

In the construction of the classification now adopted, use has been made of the results and conclusions of a committee of the Royal College of Physicians, of England, (who have been engaged for several years in a revision of the British nomenclature of diseases) as far as such conclusions have been ascertained from brief reports in different medical journals, and from such other sources as were accessible (the complete report not having yet been issued), and from examination of the classifications in use in different countries in Europe and America.

It should be said that all these classifications have been and are **essentially alike**, that all have been based designedly on observed facts and most advanced conclusions in relation to pathological processes and morbid conditions, inductive, causative, progressive and ultimate.

The statistical nosology will consist of two lists of causes of death.

A TABULAR LIST AND SUPPLEMENTAL LIST.

The TABULAR LIST comprises the chief or primary causes of death which will be used in Table X on Classification and Percentage in the preparation of the Registrar's Annual Reports, and will therefore include all those named in the SUPPLEMENTAL LIST when the final arrangement is completed.

The SUPPLEMENTAL LIST is subordinate to the TABULAR LIST, and contains synonyms, or names of related diseases, which may be actually, or are supposed to be, causes of death, and which are in addition to those in the TABULAR LIST, and which are often found in PHYSICIANS' **certificates of death**, as reported to the State Registrar. These will all have a place in alphabetical order in Tables VIII and IX, in the Reports, and will be variously grouped under different heads in Table X, as the figure which precedes each cause in the SUPPLEMENTAL LIST will correspond with the figure of the head in the TABULAR LIST under which that cause is placed.

NOMENCLATURE OF CAUSES OF DEATH.

CLASSES.

- I. General Diseases.—A. SPECIFIC AND FEBRILE. (*Zymotic.*)
- II. General Diseases.—B. CACHECTIC. (*Constitutional.*)
- III. Special Diseases. —A. FUNCTIONAL OR ORGANIC. (*Local.*)
- IV. Special Diseases. —B. DEVELOPMENTAL. (*Developmental.*)
- V. Violent Deaths. — FROM INJURIES. (*Violence.*)

SUB GROUPS OR ORDERS.

CLASS I.—Zymotic Diseases.

ORDER ONE, Miasmatic. ORDER TWO, Enthetic. ORDER THREE, Dietic. ORDER FOUR, Parasitic.

CLASS II.—Constitutional Diseases.

ORDER ONE, Diathetic. ORDER TWO, Tubercular.

CLASS III.—Local Diseases.

ORDER ONE, Diseases of the Nervous System. ORDER TWO, Organs of Circulation. ORDER THREE, Organs of Respiration. ORDER FOUR, Organs of Digestion. ORDER FIVE, Urinary Organs. ORDER SIX, Reproductive Organs. ORDER SEVEN, Osseous and Locomotory Organs. ORDER EIGHT, Integumentary System.

CLASS IV.—Developmental Diseases.

ORDER ONE, Of Children. ORDER TWO, Of Women. ORDER THREE, Of Old Age. ORDER FOUR, Of Nutrition.

CLASS V.—Violent Deaths.

ORDER ONE, Accidents and Negligence. ORDER TWO, Homicide. ORDER THREE, Suicide.

STATISTICAL NOSOLOGY.

CLASS I.—Zymotic Diseases.

TABULAR LIST.

For Table X of the Registration Report.

ORDER ONE.—Miasmatic.

- I. One.—1. Carbuncle
2. Cholera, Asiatic
3. Cholera, Sporadic
4. Cholera Infantum
5. Cholera Morbus
6. Croup (Pseudo Membranous)
7. Diphtheria
8. Diarrhœa
9. Dysentery
10. Erysipelas
11. Fever, Bilious
12. Fever, Cerebro Spinal
13. Fever, Intermittent
14. Fever, Malarial
15. Fever, Typhoid
16. Fever, Typho-Malarial
17. Fever, Unspecified
18. Fever, Yellow
19. Influenza (Epidemic)
20. Measles
21. Mumps
22. Metria (Puerperal Fever)
23. Pertussis
24. Tonsillitis
25. Scarlatina
26. Small Pox
27. Varicella

ORDER TWO.—Enthetic.

- I. Two.—1. Glanders
2. Gonorrhœa
3. Hydrophobia
4. Malignant Pustule
5. Septicæmia
6. Syphilis

ORDER THREE.—Dietic.

- I. Threc.—1. Alcoholism
2. Delirium Tremens
3. Inanition
4. Purpura and Scurvy

ORDER FOUR.—Parasitic.

- I. Four.—1. Aphæ
2. Worms, etc.
3. Other Parasites

SUPPLEMENTAL LIST.

Synonyms or Related Diseases.

ORDER ONE.—Miasmatic.

- I. One.—1. Anthrax.
Gangrenous Boil.
4. Entero Colitis, } Infan-
Gastro Enteritis, } tile.
10. Hospital Gangrene.
Pyæmia.
Phagadæna.
Phlegmon.
15. Infantile Fever.
Typhus Fever.
20. Rotheln.
21. Parotitis.
22. Child-bed Fever.
23. Hooping Cough.
24. Quinsy.
25. Scarlet Fever.
Angina Maligna.
26. Varioloid.
27. Chicken Pox.
Miliaria.

ORDER TWO.—Enthetic.

- I. Two.—2. Stricture of the Urethra.
Gonorrhœal Ophthalmia.
5. Necusia.

ORDER THREE.—Dietic.

- I. Threc.—1. Intemperance.
3. Privation.
Starvation.
Neglect.

ORDER FOUR.—Parasitic.

- I. Four.—1. Thrush.
2. Tape Worm.
Trichianasis.
Scabies.
Hydatids.
3. Porrigo, Favus, etc.

CAUSES OF DEATH.

CLASS II.—Constitutional Diseases.

TABULAR LIST.

ORDER One.—Diathetic.

- II. One.—1. Gout
 2. Dropsy
 3. Anæmia
 4. Cancer, Various
 5. Cancer of Breast
 6. Cancer of Stomach
 7. Cancer of Uterus
 8. Noma (Canker)
 9. Mortification
 10. Rheumatism

ORDER Two.—Tubercular.

- II. Two.—1. Scrofula
 2. Tabes Mesenterica
 3. Phthisis (Pulmonary)
 4. Hydrocephalus
 5. Tubercular Meningitis

SUPPLEMENTAL LIST.

- II. One.—2. Anasarca.
 3. Leucocythæmia.
 Chlorosis.
 4. Soft Cancer.
 Epithelioma.
 Melanosis.
 Lupus.
 Other kinds of cancer.
 6. Bed-sore.
 Dry Gangrene.
 7. Rheumatic Carditis.
 Rheumatic Synovitis.
 Rheumatic Meningitis.

- II. Two.—1. Psoas (Lumbar) abscess.
 White Swelling.
 Cretinism (Goitre).
 Adenitis.
 Morbus Coxarius.
 Pott's Disease.
 2. Tubercular Peritonitis.
 3. Hemoptysis.

CLASS III.—Local Diseases.

ORDER One.—Nervous System.

- III. One.—1. Cephalitis
 2. Cerebritis
 3. Apoplexy
 4. Paralysis
 5. Insanity
 6. Chorea
 7. Epilepsy
 8. Tetanus
 9. Convulsions
 10. *Brain Diseases* *

ORDER Two.—Circulatory System.

- III. Two.—1. Pericarditis
 2. Aneurism
 3. *Heart Diseases* *

- III. One.—1. Phrenitis.
 Meningitis.
 Cerebro Spinal Meningitis. (Sporadic.)
 4. Monomania.
 Fright.
 Grief.
 Melancholia.
 Dementia.
 Rage.
 7. Hysteria.
 8. Laryngismus.
 Lockjaw.
 Trismus Nascentium.
 10. Neuralgia, Cerebral.
 Neurasthenia.
 Disease of Spinal Cord.
 Necrencephalus (Ramollissement)
 Thrombosis, Cerebral.

- III. Two.—1. Carditis.
 Endocarditis.
 3. Hypertrophia.
 Atrophia.
 Angina Pectoris.
 Syncope.
 Arteritis.
 Ossification of Arteries.
 Phlebitis
 Hydropericardium.
 Embolus.
 Thrombosis.

* Not otherwise placed.

STATISTICAL NOSOLOGY.

CLASS III.—Local Diseases.—Continued.

TABULAR LIST.

ORDER Three.—Respiratory System.

- III. Three.—1. Epistaxis
 2. Laryngitis
 3. Bronchitis, Acute
 4. Bronchitis, Chronic
 5. Pleurisy
 6. Pneumonia
 7. Asthma
 8. *Lung Diseases* *

ORDER Four.—Digestive System.

- III. Four.—1. Gastritis
 2. Enteritis
 3. Peritonitis
 4. Ascites
 5. Ulceration of Intestines
 6. Hernia
 7. Ileus
 8. Intussusception
 9. Stricture of Intestines
 10. Fistula
 11. *Stomach Diseases* *
 12. *Pancreas Diseases* *
 13. Hepatitis
 14. Jaundice
 15. *Liver Diseases* *
 16. *Spleen Diseases* *
 17. *Bowel Diseases* *

ORDER Five.—Urinary System.

- III. Five.—1. Nephritis
 2. Ischuria
 3. Nephria (Bright's Disease)
 4. Diabetes
 5. Calculus (Gravel, &c.)
 6. Cystitis
 7. Prostate, Disease of
 8. *Kidney Diseases* *
 9. Bladder, Diseases of *
 10. Testicles, Disease of

ORDER Six.—Generative System.

FEMALE.

- III. Six.—1. Ovarian Dropsy
 2. *Diseases of Uterus* *

SUPPLEMENTAL LIST.

- III. Three.—2. (Edema Glottidis.
 5. Empyema.
 Diaphragmitis.
 Pneumothorax.
 Hydrothorax.
 6. Pulmonary Apoplexy.
 Hæmoptysis.†
 Congestion of Lungs.
 7. Grinders' Asthma.
 Miners' Asthma.
 Emphysema.

- III. Four.—1. Glossitis.
 Stomatitis.
 Pharyngitis.
 Esophagitis.
 2. Gastro Enteritis.
 Entero Colitis.
 5. Perforation of—
 6. Congenital.
 Femoral.
 Inguinal.
 Scrotal.
 Umbilical.
 Ventral.
 7. Constipation.
 Obstipation.
 Perityphlitis.
 Typhlitis.
 9. Strict (Esophagus.
 11. Dyspepsia.
 Pyrosis.
 Gastralgia.
 Hæmatemesia.
 Melæna.
 14. Gall-stones.
 15. Cirrhosis.

- III. Five.—3. Albuminuria.
 6. Cystirrhœa.
 8. Diuresis.
 Hæmaturia.
 Uræmia.
 9. Urethritis.
 10. Orchitis.

- III. Six.—1. Ovarian Tumor.
 2. Hysteritis, Metritis.
 Uterine Tumor.
 Polypus Uteri.
 Ovaritis.
 Pelvic Cellulitis.

* Not otherwise placed.

† See Class II, Order Two—3, Sup. List.

CAUSES OF DEATH.

CLASS III.—Local Diseases.—Continued.

TABULAR LIST.	SUPPLEMENTAL LIST.
ORDER Seven.— Osseous and Locomotory System.	
III. Seven.—1. Bones, Diseases of . . . 2. <i>Joint Diseases</i> * . . . 3. <i>Vertebræ</i> , Diseases of . . .	III. Seven.—1. Ostitis. Periostitis. Fragilitas Ossium. Mollities Ossium. Rickets. Caries, Necrosis. Exostosis. 2. Synovitis. Hip Disease. † 3. Spine Disease. Spine, Caries and Necrosis.
ORDER Eight.— Integumentary System.	
III. Eight.—1. Phlegmon ‡ . . . 2. Ulcer . . . 3. <i>Skin Diseases</i> * . . .	III. Eight.—1. Abscess, part not stated. Boil. Whitlow. 2. Roseola. Urticaria. Eczema. Herpes. Pemphigus. Ecthyma. Impetigo. Psoriasis, &c. Dermatitis (from burns &c.).
ORDER Nine.— Organs of Special Sense.	
III. Nine.—1. <small>EYE AND EAR.</small> Malignus Oculi . . . 2. Ophthalmitis . . . 3. Ossis Petrosi . . . 4. Otitis . . .	

CLASS IV.—Developmental Diseases.

ORDER One.— Developmental Diseases of Children.	
IV. One.—1. Still-born . . . 2. Debility, Infantile . . . 3. Debility, Premature Birth . . . 4. Cyanosis . . . 5. Spina Bifida . . . 6. Other Malformations . . . 7. Teething . . . 8. Innutrition . . .	IV. One.—2. Asthenia. 4. Atelectasis Pulmonum. 6. Anus Imperforatus. Cleft Palate. Idiocy. 8. Malnutrition.

* Not otherwise placed. † See Class II, Order Two—1, Sup. ‡ See Class I, Order One,—10 Sup.

STATISTICAL NOSOLOGY.

CLASS IV.—Developmental Diseases.—Continued.

TABULAR LIST.

ORDER Two.—Developmental Diseases of Women.

- IV. Two.—1. Paramenia
2. Childbirth*

ORDER Three.—Developmental Diseases of Old People.

- IV. Three.—1. Old Age

ORDER Four.—Diseases of Nutrition. Adolescent and Adult.

- IV. Four.—1. Atrophy
2. Debility

SUPPLEMENTAL LIST.

- IV. Two.—1. Amenorrhœa.
Chlorosis.†
Climacteria.
Menorrhagia.
2. Miscarriage.
Abortion.
Puerperal Mania.
Puerperal Convulsions.
Phlegmasia Dolens.
Cæsarian Operation.
Extra-uterine Fœtation.
Flooding.
Retention of Placenta.
Presentation of Placenta.
Deformed Pelvis.
Mammary Abscess.

- IV. Four.—1. Marasmus.
Malnutrition.
2. Asthenia.
Exhaustion.

CLASS V.—Violent Deaths.

ORDER One.—Accident or Negligence

- V. One.—1. Fractures and Contusions .
2. Wounds, Unspecified . . .
3. Burns and Scalds
4. Poison
5. Drowning
6. Suffocation
7. Otherwise (See Sup. List.) .

ORDER Two.—Homicide.

ORDER Three.—Suicide.

- V. Three.—1. Wounds, Unspecified .
Wounds, Pistol or Gunshot
Wounds, Knife
2. Poison
3. Drowning
4. Hanging
5. Otherwise

ORDER Four.—Various.

- V. Five.—1. Unclassified
2. Cause not specified

- V. One.—1. Railroad and other accidents.
5. Lost at sea.
6. Asphyxia.
Strangulation.
7. Exposure.
Cold Water.
Frozen.
Heat.
Lightning.
Surgical Operation.

- V. Two.—1. Infanticide.
Patricide.
Matricide.
Fratricide.
Filicide, &c.

* See Class I, Order One, 22 Tab. List.

† See Class II, Order One,—3 Sup.

Suggestions concerning physicians certificates of death. It should be the endeavor to specify the causes of death as definitely and correctly as possible. It is not unusual to find a return of death with the physician's certificate, naming the cause of death, "Paralysis," "Paraplegia," "Fits," "Convulsions," "Dropsy," &c., which are merely secondary or consecutive causes, simply symptoms only or results of some organic lesion or pathological derangement. Sometimes the **alleged cause** is really the *final cause*, as in a case of termination of life by paralysis, but the cause given as paralysis is **not the determining cause**. Apoplexy, or some lesion of the nervous centres, must be the original and determining cause of paralysis, paraplegia, hemiplegia, &c., and the determining cause should be stated as the primary in the return or certificate.

Convulsions are the symptoms or results of some antecedent or concurrent disease. They follow meningitis and other structural lesions of the nervous centres: they also occur from reflex derangement or disturbance of the nervous centres, as in children from intestinal irritation, or from inflammation, as in gastritis, enteritis, nephritis, &c. In such cases they may be contributory to death, and perhaps in rare instances a final cause, by inducing or taking the form of tonic or tetanic spasm. But as contributory, or as a final cause, they are simply concomitant, and are not unfrequently manifestations of the desperate efforts of expiring vitality to regain original and normal control. They should find place as secondary causes only in certificates of death.

"Fits" is too unmeaning a term to be used in any case. The word in a medical sense literally means an attack, an occurrence, or succession of attacks of some physical or mental disturbance, as "fits of sickness," "fits of melancholy, &c.," and is not properly used as synonymous with convulsions from any cause. It would be just as sensible to attribute a death to an "occurrence" or an "attack" as a cause, as to "fits," without other qualification.

"Dropsy" and "Ascites" have been allowed to stand as determining causes of death because of extended use, and because of the obscurity with which their causes in rare instances are involved. We can scarcely conceive of a dropsical accumulation without antecedent organic or functional disorder, derangement of the absorbent or secretory system, or depravation of the blood. They are left in the tabular list with not a little reluctance. Paralysis is also left in the tabular list for a like reason, and with the same doubt of propriety.

It may be suggested that it is sometimes difficult, and occasionally impossible, to ascertain positively the chief or leading cause of death. The physician last in attendance may find several functional or structural diseases, the morbid conditions multiple and complex, and not only the initial derangement, but the succession of morbid processes, proximate, consecutive and ultimate, inextricably entangled and lost to discovery.

The careful diagnostician will, however, even then be able to *conceive the probable leading cause*, but, whether or not, he will be able at least **to ascertain the most prominent and controlling lesion or functional derangement then existing**, and which may reasonably be accepted as the primary cause of death.

The preceding remark applies very properly to cases of adventitious diseases which prove fatal, when occurring in individuals already suffering from some chronic disease of slower progress, as when fatal dysentery attacks a consumptive person, or one having chronic nephritis dies from pneumonia. **The acute disease** occurring independently of the chronic disease **is the chief cause of death**, although the fatal event may have been made more sure by the existence of the antecedent disease, and although the antecedent disease would have ultimately caused death.

In attributing death to scrofula, tuberculosis, tumor, cancer and other generic terms as causes, the **organic structure or locality where the disease is developed** should always be given, otherwise such terms are very indefinite, and discredit the acquirements of the certifying physician.

The objects desired in presenting the preceding nomenclature of causes of death, and the suggestions following, are to subserve the purpose of greater uniformity in the use of nosological terms, and to promote the accomplishment of entire definiteness, accuracy and completeness in the physicians' certificates of causes of death.

The returns of deaths in Rhode Island have been from year to year acquiring greater completeness. The improvement, however, has been **greater in relation to every other fact** connected with the events of death **than with the fact of cause**. This defect in large measure is the result of disregard of the statute law on the part of the individuals having the decedents in charge, before and after death, both medical and mortuary.

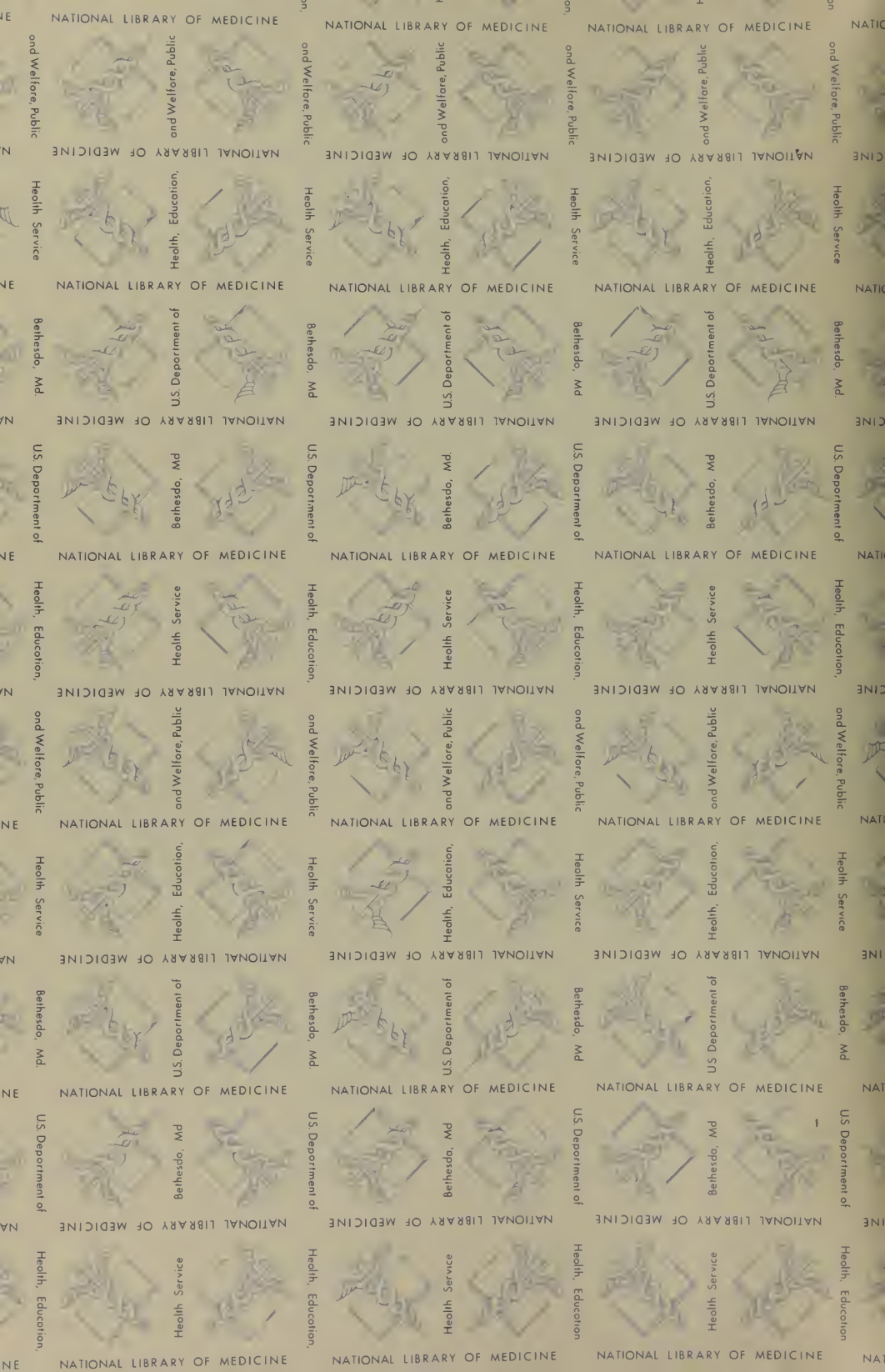
The State of Rhode Island has a leading reputation for the extent and completeness of its vital statistics. It is not excelled, if equalled,

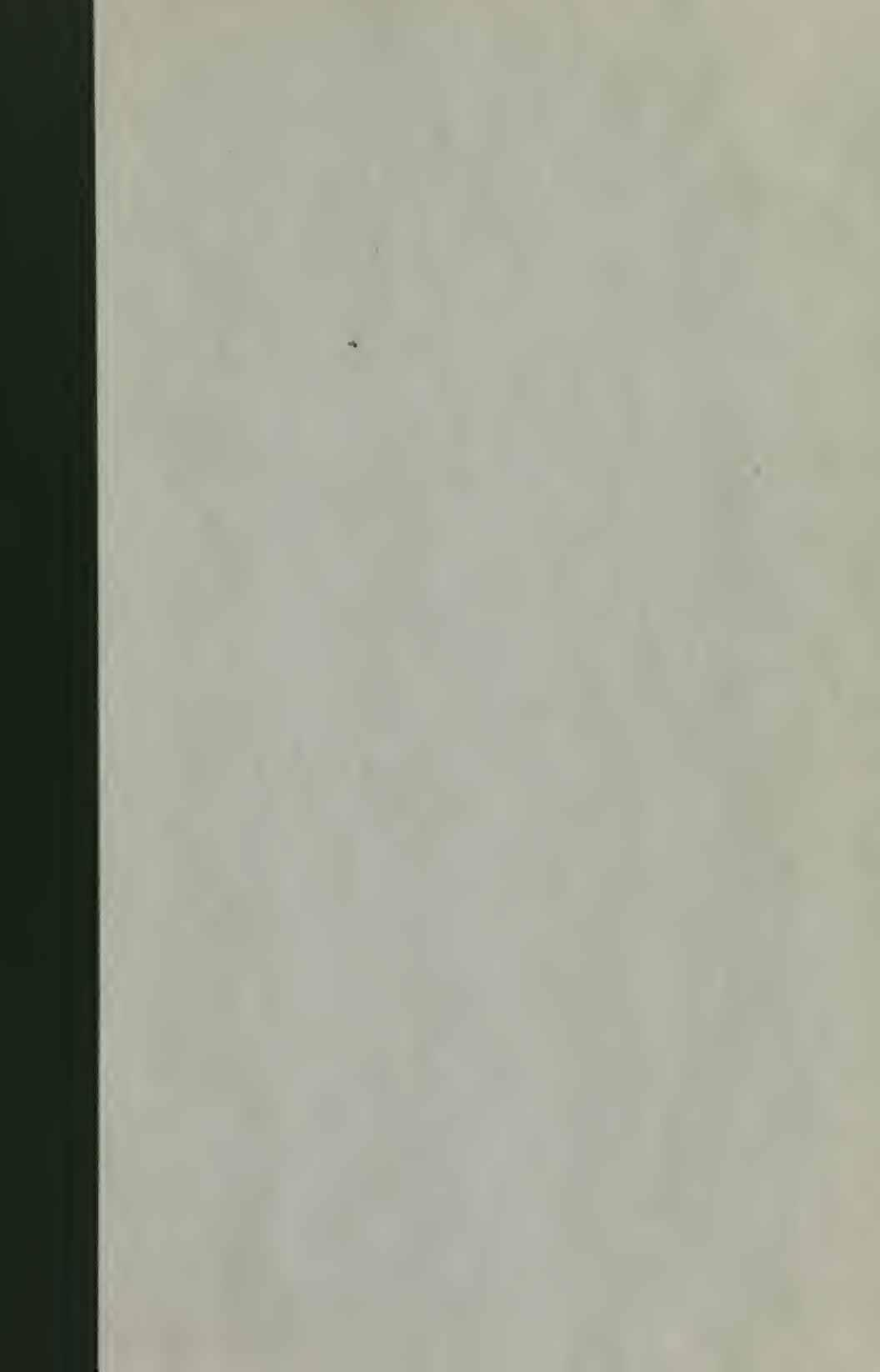
by any State in the Union. With the exception of two or three, there are no States that have approximate completeness of numbers of decedents, and fullness of statements of fact connected therewith. It is hoped that the physicians of Rhode Island, to whom this circular will come, will feel a professional and patriotic interest in the further elevation of the reputation of the State as a collector of accurate and complete vital statistics.

Physicians of the State, outside of Providence city, not having received a copy of the Sixth Annual Report of the State Board of Health, which contains the last report upon the vital statistics of the State, and a nomenclature previously presented and of which the preceding is a modification, will find copies for them in the hands of the town clerks of the towns in which they respectively reside. Physicians in the city of Providence, unsupplied and desiring them, can be furnished at 17 College street.

CHAS. H. FISHER, M. D.,

State Registrar of Vital Statistics.





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